

# THE DIVISION OF HEALTH OF THE STATE OF MICHIGAN

## STANDARD CERTIFICATE OF DEATH

13781

State File No. ....

FILED APR 21 1953

BIRTH NO. ....

REG. DIST. NO. 114

PRIMARY REG. DIST. NO. 5430

Registrar's No. 25

## 1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, write RURAL and give township)

Sullivan

c. LENGTH OF STAY (In this place)

None

d. FULL NAME OF HOSPITAL OR INSTITUTION

Northside Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Michigan

b. COUNTY

Wayne

c. CITY (If outside corporate limits, write RURAL and give township)

Dearborn

d. STREET ADDRESS

3324 Salina

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Charles

b. (Middle)

L

c. (Last)

Dubas

## 4. DATE OF DEATH

(Month)

Jan

(Day)

28

(Year)

53

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

never married

## 8. DATE OF BIRTH

24 Feb 28

## 9. AGE (In years last birthday)

24

10. MONTHS

9

11. DAYS

9

12. HOURS

9

13. MIN.

9

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

## 10b. KIND OF BUSINESS OR INDUSTRY

---

## 11. BIRTHPLACE (State or foreign country)

Detroit, Michigan

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A

## 13a. FATHER'S NAME

Peter Dubas

## 13b. MOTHER'S MAIDEN NAME

---

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

Yes

## 16. SOCIAL SECURITY NO.

22 Aug 52

## 17. INFORMANT'S SIGNATURE OR NAME

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## MEDICAL CERTIFICATION

## INTERVAL BETWEEN ONSET AND DEATH

Auto accident on Highway

#66 Internal Injuries

Left leg &amp; right hand fractured

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

136 E8164 26

## 20. AUTOPSY?

YES ☐NO ☒

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

Accident

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway #66

## 21c. CITY, TOWN, OR TOWNSHIP

Sullivan

## (COUNTY)

Franklin

## (STATE)

Mo

## 21d. TIME OF INJURY

Jan 28 1953 10:00 AM

## 21e. INJURY OCCURRED WHILE AT WORK

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 21f. HOW DID INJURY OCCUR?

Head on Auto Collision

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

## 23a. SIGNATURE

Einar L. Ottman

## (Degree or title)

Coroner

## 23b. ADDRESS

Herald, Mo

## 23c. DATE SIGNED

Jan 28, 1953

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county)

## (State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

e. a. Kaster 97-1

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

Hallett, Neger, Heru, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 4265

P. O. Address Sherrill, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.